



Development Services Department

Temporary Use Permit

The following temporary uses shall be subject to review and approval or conditional approval by the Director of Planning pursuant to Chapter 17.155 of the Adelanto Municipal Code.

Other	\$275
Medical Cannabis Cultivation	\$ 700
Medical Cannabis Manufacturing	\$ 700
Medical Cannabis Distribution/Transportation	\$ 700
Medical Cannabis Testing	\$ 700
Medical Dispensary	\$ 700

PROCESSING COSTS: The City operates on the basis of full cost recovery for the processing of planning projects. Deposits made at the time of application are projected to be sufficient for the processing of applications, however, additional deposits may be required to cover the costs for review of projects. If at any time deposits are insufficient to cover projected costs, processing of the project will be stopped until sufficient additional funds are deposited with the City. Lack of sufficient funds on deposit will suspend any required processing time frames.

EMERGENCY SERVICES: If the event requires emergency services (police, fire), approval and contract for services shall be acquired two weeks prior to the event.

Business/Organization Name _____

Address and Phone No. _____

Contact Person _____

Event Location _____

I/We the above named hereby request approval of the City of Adelanto Planning Department to allow for the following temporary use at the above referenced location.

Said event shall be held on (date) _____

Hours of operation _____

Description of proposed temporary use _____

APPLICATION FOR TEMPORARY USE PERMIT

PLEASE PROVIDE A PLOT PLAN AND OTHER GRAPHICS NECESSARY TO INDICATE THE LOCATION OF ALL PROPOSED EVENTS, THE LAYOUT OF FIXTURES OR TABLES, AND THE LOCATION AND SIZE OF ANY SIGNS, PENNANTS, BANNERS OR STREAMERS USED.

ALL INFORMATION, INCLUDING THIS APPLICATION, SHALL BE COPIED ONTO A COMPACT DISC AND TURNED IN WITH THE ORIGINAL DOCUMENTS.

I/We hereby release, absolve, indemnify, hold harmless and waive any and all claims against the City of Adelanto in any matter and/or circumstance arising from said temporary use.

Signature

Title

Date

APPLICATION FOR TEMPORARY USE PERMIT

*****PROPERTY OWNER'S CONSENT*****

I/We the owner(s) of the above property hereby grant permission for the above listed applicant(s) to conduct said temporary use as requested.

Name (Print)	Signature	Phone	Date
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*****DEPARTMENTAL USE ONLY*****

Type of Temporary Sale _____

Receipt # _____

Applicant's information complete _____

Sign information _____

Property owner's permission statement _____

Other department's review: Fire _____ Building _____ Public Works _____

Approved _____ Approved subject to conditions (see below) _____ Disapproved _____

Conditions: See Attached

Approved by	Date
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